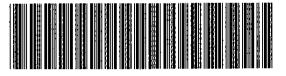
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	o

Office Use Only



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J. Sinvers APR 1 7 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seaside Studio Art, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Bette Rakowski	
Bette Rakowski Firm/Company Seaside Studio Art, LLC	
Address	
806 25th Ave W., Palmetto, FL 342 City/State and Zip Code	2
betterakowski egmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rette Rakowski at (315) 225-2422 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certificate Ocpy (additional copy is enclosed)	itus &

Malling Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Seaside Studio Art LLC (Must end with the words "Limited Liability Company, "L.L.C.	," or "F.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Company is:
Principal Office Address: Mailing Address:	
806 25th Ave W. same Palmetto, FL 34221	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are. Bette Rakowski Name	_
806 25th Ave W. Florida street address (P.O. Box NOT acceptable)	_
Palmetto FL 23425 City Zip	<u>r</u> 1
Having been named as registered agent and to accept service of process for the above the place designated in this certificate, I hereby accept the appointment as register capacity. I further agree to comply with the provisions of all statutes relating to the of my duties, and I am familiar with and accept the obligations of my position as reached the control of th	ed agent and agree to act in this proper and complete performance
Bette Rakow Shi (Registered Agent's Signature (REQUIRED)	14 APR 16 SECNETAR TALLAHASS
(CONTINUED)	m~
Page 1 of 2	PH P: 44

ette Rakowski DG 25th Ave W. Imetto, FL 34221
(OPTIONAL)
ot be more than five business days prior to or 90 o
) ·
owski
thorized representative of a member. Florida Statutes, the execution of this doctiment of perjury that the facts stated herein are true. d in a document to the Department of State or in s.817.155, F.S.)
WSKI BE